

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000043787

FILED
Sep 21, 2009
Secretary of State**Entity Name:** MALIBU LOVE AND CARE HEALTHCARE AGENCY, INC.**Current Principal Place of Business:**6517 TAFT STREET
STE. 220
HOLLYWOOD, FL 33024**New Principal Place of Business:****Current Mailing Address:**16000 PINES BLVD., #821493
PEMBROKE PINES, FL 33082-9239**New Mailing Address:****FEI Number:** 16-1750312**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**MAYUNGBE, ALBERT
2967 SW 161 AVENUE
MIRAMAR, FL 33027 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JAIPAUL, ELMINA
Address: 16000 PINES BLVD., #821493
City-St-Zip: PEMBROKE PINES, FL 33082-9239

Title: VP () Delete
Name: ATHANASSOPOULOS, BEVERLY
Address: 16000 PINES BLVD., #821493
City-St-Zip: PEMBROKE PINES, FL 33082-9239

Title: VP (X) Delete
Name: NICHOLAS, ROSEMARIE
Address: 16000 PINES BLVD., #821493
City-St-Zip: PEMBROKE PINES, FL 33082-9239

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NICHOLAS, ROSEMARIE
Address: 16000 PINES BLVD., #821493
City-St-Zip: PEMBROKE PINES, FL 33082-9239

Title: VP (X) Change () Addition
Name: GINO, PARRAM
Address: 16000 PINES BLVD., #821493
City-St-Zip: PEMBROKE PINES, FL 33082-9239

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSEMARIE NICHOLAS

P

09/21/2009

Electronic Signature of Signing Officer or Director

Date